STATE OF MARYLAND—CERTIFICATE OF DEATH

04309

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford — Registration Dist. No. 185

Village or City Havre de Grace Md — No. Harford Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ruth Lorraine Adams — If U. S. Veteran, specify WAR ____

(a) Residence: No. 734 Fountain St. St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug - 19 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
8	Aug	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Girl

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

FATHER

13. NAME Clarence Adams

14. BIRTHPLACE (city or town) Havre de Grace (State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Miller

16. BIRTHPLACE (city or town) Perryville Md (State or country)

17. INFORMANT Hospital Records (Address) Havre de Grace, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Angel Hill Cem. Date April 4th 19 40.

19. UNDERTAKER Pennington & Son (Address) Havre de Grace, Md.

20. FILED April 3rd, 1940 James H. Bay M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2d (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 19 40, to April 2d, 19 40

I last saw h~~er~~ alive on April 2d, 19 40; death is said to have occurred on the date stated above, at 5:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Extension 3° Burns body & legs	
Other Contributory Causes of Importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, ~~suicide, or homicide~~? Accident Date of injury Apr. 1st, 19 40

Where did injury occur? Lot at rear of Thomas (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Burns due to clothes

Nature of injury catching fire from burning trash

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) F. H. Stein M. D.

(Address) Havre de Grace, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 8 1930 BUREAU OF U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

04310

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre-de-Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: New Jersey County:

City or town: Atlantic City
(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 S. South Caroline St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: David H. Best.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married.

6.(b) Name of ~~husband or~~ wife: Esther Witsky Best.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 20. 1895.

8. AGE:

Years	Months	Days	If less than one day
45	1	3.	..... hrs. ..... min.

9. Birthplace: Norman, N. J.
(Town, county, and state)

10. Usual occupation: Garage work.

11. Industry or business

FATHER
12. Name: Moses Best.
13. Birthplace: N. J.

MOTHER
14. Maiden name: Pearl Platensky.
15. Birthplace: Unknown.

16. Informant: Gilbert A. Salins.
Address: Atlantic City - N. J.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: Apr. 27. 1940
(month) (day) (year)

Cemetery ~~or crematory~~: Atlantic City Cemetery.

Location: Atlantic City - N. J.

18. Funeral director: Pennington & Son.
Address: Havre de Grace. Md.

19. April 24 1940
(Date rec'd by registrar)

James H. Bay M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 - 1940, at 2:15 P. M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Probably Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. H. Ramsey M.D.
Sep. Med. Examiner
M. D. or other

Address: Aberdeen Md. Date signed: 4/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a) Reg. Dist. No. 181

CERTIFICATE OF DEATH

04311

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Rural - Havre de Grace
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in this community (yrs., mos., or days) " 1"

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. 37th
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Florence Ann Brookes

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Eugene Brookes

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 24 1866

8. AGE: Years 73 | Months 6 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual occupation House Duties

11. Industry or business Home

FATHER
12. Name Geo. W. Bradford
13. Birthplace Md.

MOTHER
14. Maiden Name Rose A. French
15. Birthplace Mass.

16 (a) Informant Mrs. Evelyn Walter
(b) Address Havre de Grace, Md. R.F.D. #2

17 (a) Burials (Burial, cremation, or removal) (b) Date thereof May 2 1940 (month) (day) (year)
(c) Cemetery or crematory Fountain Green Cem.
Location Harford Co. Md.

18 (a) Funeral director W. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) Apr 30 (Date rec'd by registrar) (b) C C Mitchell Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 29 1940, at 7:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1940, to Apr. 29 1940, and that I last saw him alive on Apr. 28, 1940.

Immediate cause of death	Duration
Cardio Renal Vascular Disease	
& Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Delaney M. D. (M. D. or other)
Address Perryman Md Date signed Apr 30/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Delaney

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

WITHIN CORPORATE LIMITS OF

04312

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wanford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
~~Street address, hospital, or institution~~ Harford Memorial Hospital.
Stay in hospital or inst. (yrs., or mos., or days) abt. 1 Hour.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico.
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Inez A. Brown

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

B (b) Name of husband ~~or wife~~ James P. Brown.
6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec. 19 1904

8. AGE:

Years	Months	Days	If less than one day
35	3	21	hrs. min.

9. Birthplace Salisbury-Wicomico. Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name G. Robert Humphries.
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden name Myrtle Campbell.
15. Birthplace Pittsville Md.

18. Informant James P. Brown.
Address 426-Pennington ave. Balto, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12-1940 (month) (day) (year)
Cemetery or crematory Parsons Cemetery -
Location Salisbury - Md.
18. Funeral director Holloway & Co.,
Address Salisbury - Md.

19. Apr 9th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Fracture of Skull Intracranial Hemorrhage — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 4/9/40
Where did injury occur? near Pittsville (City or town) Wic. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route 40
Means of injury Automobile Injured at work? No

23. SIGNATURE J. O. Ramey M.D.
Dep. Med. Examiner
Address Aberdeen Md. Date signed 4/9/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04313

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural near Churchville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Aberdeen R.D. #1
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ? S. Ann St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Budzynski

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Michal Budzynski
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Poland - No record of birth date

8. AGE: Years: 88(?) Months: Days: If less than one day: hrs. min.

9. Birthplace: Polsen Poland
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: ? Zaremba
13. Birthplace: Poland

MOTHER
14. Maiden name: ? ?
15. Birthplace: Poland

16. Informant: Henry Bartkowiak
Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-9-40 (month) (day) (year)
Cemetery or crematory: St Stanislaus Cem.
Location: Baltimore Md.

18. Funeral director: George A. Weber.
Address: 705 S Ann St

19. April 7 1940 (Date rec'd by registrar) V. E. Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940 to April 7 1940 and that I last saw h- alive on April 7 1940

Immediate cause of death	DURATION
Anopheimia	
Due to Congestive heart failure	10 days
Due to Arteriosclerosis Chronic Myocarditis	? ?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. Ralph Horky M.D. M. D. or other
Address: Churchville Md Date signed: April 7

RECEIVED
APR 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

04314

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Bel Air (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Thomas Run
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 14 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Thomas Run
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Caldwell

3. (b) Social Security Number: None

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 6, 1940
8. AGE: Years: 0 Months: 0 Days: 0 If less than one day: 14 hrs. 0 min.
9. Birthplace: Bel Air, Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Roy Stonewall Caldwell
13. Birthplace: Dragon County, Va.
MOTHER 14. Maiden name: Miriam Hitchcock
15. Birthplace: Jarrettsville Md.
16. Informant: Mrs. Roy Caldwell
Address: Bel Air, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Calvary
Location: Harford County
18. Funeral director: Roy Caldwell (Father)
Address: Bel Air, Md.
19. April 8 1940 (Date rec'd by registrar) (Virginia Chambers) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 10A M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 6 1940 to April 7 1940 and that I last saw h[illegible] alive on April 6 1940

Immediate cause of death	DURATION
Prematurity (6 months)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Gerald C. Palmer M.D. M. D. or other
Address: Bel Air, Md. Date signed: 4/7/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

04315

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Thomas Run
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Thomas Run
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Caldwell

3. (b) Social Security Number None

4. Sex: M
5. Color or race: W
8. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 6, 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hrs. 10 min.

9. Birthplace Bel Air, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Roy Stonewall Caldwell
13. Birthplace Grayson County Va.

MOTHER
14. Maiden name Miriam Hitchcock
15. Birthplace Jarrettsville, Md.

18. Informant Mrs Roy Caldwell
Address Bel Air, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8 1940 (month) (day) (year)
Cemetery or crematory Mt Calvary
Location Harford Co.

18. Funeral director Roy Caldwell (Father)
Address Bel Air. Md.

19. April 8 1940 (Date rec'd by registrar) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 8 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never saw child alive; Nurse in attendance saw child alive 19 to 19
and that I last saw h alive on for 10 minutes after birth 19

Immediate cause of death Prematurity (6 months) — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: None

Of operations —

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Gerald C. Palmer M.D. M. D. or other
Address Bel Air, Md. Date signed 4/6/40

Note: No physician was engaged in this confinement nor was any in attendance at the delivery. I was called some 2 hours after the babys birth only to find it had died 10 minits after birth.

Gerald C. Pulmer M. D

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

04316

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Rural near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alois Cerny

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Cerny

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Nov 1, 1862

8. AGE: Years	Months	Days	If less than one day
77	5	12	____ hrs. ____ min.

9. Birthplace: Czechoslovakia
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER

12. Name: Joseph Cerny

13. Birthplace: Czechoslovakia

14. Maiden name: Barbara Novak

15. Birthplace: Czechoslovakia

16. Informant: Alois K. Cerny

Address: 610 N. Streeper St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/17/40 (month) (day) (year)

Cemetery or crematory: Oak Hill Cemetery

Location: Hanover Lane & Hilsa Rd.

18. Funeral director: C. E. SCHIMUNEK.

Address: 2601-03 E. MADISON ST. BALTO. MD.

19 April 16 (Date rec'd by registrar) 1940 Emily M. Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1940, at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1940, to April 11 1940, and that I last saw h- alive on April 11, 1940 13

Immediate cause of death: Cardial decompensation — DURATION: ?

Due to: Senile arteriosclerosis
Arteriosclerotic hypertension

Due to:

Other conditions: Malnutrition

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Ralph Horky M.D.
M. D. or other

Address: Churchville Md. Date signed: April 13

RECEIVED
MAY 8 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04317

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 24 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Anna V. Dean

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband ~~or wife~~: Roy H. Dean
8 (c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): March 12th 1916

8. AGE:

Years	Months	Days	If less than one day
27	—	24	hrs. min.

9. Birthplace: Harford Co Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Housework
FATHER 12. Name: William J. Dean
13. Birthplace: Maryland
MOTHER 14. Maiden name: Sarah E. Flowers
15. Birthplace: Maryland
16. Informant: Mr. Roy H. Dean
Address: Aberdeen Md. R. F. D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9-1940 (month) (day) (year)
Cemetery or crematory: Mt. Zion
Location: Near Bel Air Md.
18. Funeral director: Henry Jarrett Sons
Address: Aberdeen Md
19. Apr 9 19 40 C. C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1940 at 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1939 to April 1940, and that I last saw h alive on March 27 1940

Immediate cause of death	DURATION
Pulmonary hemorrhage	
Due to Pulmonary tuberculosis with cavitation	7 years
Due to	
Other conditions Gastro intestinal tuberculosis Mitral Stenosis	? ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Ralph Horky M.D.
M. D. or other
Address: Churchville Md. Date signed April 8

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04318

1. PLACE OF DEATH

County Harford (92) Registration Dist. No. 182

Village or City Joppa No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Frederick Ernst If U. S. Veteran, specify WAR

(a) Residence: No. Joppa Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J Brayers

6. DATE OF BIRTH (month, day, and year) Nov 27 - 1856

7. AGE: Years 83 | Months 5 | Days 26 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Ernst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Grace Ernst (Address) Joppa Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Date Apr. 24 1940

19. UNDERTAKER Fornfuger & Gross (Address) Bingham Md

20. FILED Apr 22, 1940 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 22 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1940, to Apr 22, 1940

I last saw him alive on Apr 14, 1940; death is said to have occurred on the date stated above, at 5P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mental Regeneration	

Other Contributory Causes of importance:

Failure Compensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Roth M. D.

(Address) Edgewood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04319

Reg. Dist. No. 18 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Rural Near Aberdeen

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Rural Near Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs. Sophia E. Ford

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Gilbert H. Ford

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 26-1882

8. AGE: Years 57 | Months 6 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name W. S. Aldridge

13. Birthplace Virginia

MOTHER 14. Maiden name Hamilton

15. Birthplace Kentucky

16. Informant Mr. Gilbert H. Ford

Address Aberdeen Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 21-1940 (month) (day) (year)

Cemetery or crematory Spesutia

Location Perrymans Md.

18. Funeral director Henry Jarrett Sons

Address Aberdeen Md.

19. Apr. 20 1940 (Date rec'd by registrar) O.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 17 1940 to April 18 1940, and that I last saw her alive on April 18 1940

	DURATION
Immediate cause of death Cerebral Thrombosis	
Secondary Bronchopneumonia	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Lamme M. D.

M. D. or other

Address Aberdeen Md. Date signed 4/19/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04320

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Edmund St. Extended
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Edmund St Extended
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lawrence Hanna

3. (b) Social Security Number 705-09-7667

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 48 | Months | Days | If less than one day hrs. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business On Railroad

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden name unknown
15. Birthplace "

16. Informant Mary F. Hall
Address Aberdeen Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24-1940 (month) (day) (year)

Cemetery or crematory Union M. E.
Location Aberdeen Md

18. Funeral director Henry Fanning Sons
Address Aberdeen, Md.

19. Apr 24 1940 (Date rec'd by registrar) O C Michael Registrar

MEDICAL CERTIFICATION

Between April 22, 1940 - 11:30 PM and

20. DATE OF DEATH April 23, 1940 - 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Conflagration - accidental	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: April 22
Accident, suicide, or homicide accident Date of 23-1940
Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fire Injured at work? No

23. SIGNATURE J. H. Lawrence M. D.
M. D., or other
Address Aberdeen Md. Date signed 4/24/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 185

CERTIFICATE OF DEATH

04322

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution 221 No Ohio St
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 73 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. Ohio St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mariah Marie Harris

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo. Ed. ~~Isaac~~ Harris

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1867

8. AGE: Years 73 | Months 1 | Days 24 | If less than one day — hr. — min.

9. Birthplace Harford Co Md. (Town, county, and state)

10. Usual occupation House Duties

11. Industry or business Home

FATHER
12. Name Isac Giles
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth (unk)
15. Birthplace Md.

16 (a) Informant Mrs. Eva Rebecca Hart
(b) Address 837 Erie St Havre de Grace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27 1940 (month) (day) (year)
(c) Cemetery or crematory Swan Creek
Location Harford Co.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) Apr 26th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 25 1940 at 3.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1940, to Apr. 25 1940, and that I last saw him alive on Apr. 25 1940

	Duration
Immediate cause of death Hemiplegia (Right Side)	3 days
Due to	
Due to Hypertension	5
Other conditions Primary Cancer: Cerebral Hem- orrhage Duration: three days (Include pregnancy within 3 months of death)	1

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Bay M. D. or other
Address Wtmr Dr Grace Date signed 4/26/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04321

95C

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Mrs. Georgie W. Hawkins

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Charles S. Hawkins

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Aug. 6th 1868

8. AGE: Years: 71 Months: 7 Days: If less than one day: hrs. min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER

12. Name: Parker F. Forwood

13. Birthplace: Harford Co. Md

MOTHER

14. Maiden name: Hannah Andrew

15. Birthplace: Harford Co. Md

16. Informant: Mr. Charles S. Hawkins

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 5 - 1940 (month) (day) (year)

Cemetery or crematory: Smith Chapel

Location: Churchville Harford Co

18. Funeral director: Henry Tarring Sons

Address: Aberdeen Md.

19. Apr 4 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3rd 1940, at 10:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 19th 1940, to Apr. 3rd 1940, and that I last saw h[illegible] alive on Apr. 3rd 1940.

Immediate cause of death: Cardiac Dilation

Due to: Cardiac Asthma & Pneumonia, bronchial.

Due to: Duration: two days. cw.E.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas. Richardson M. D. or other

Address: Bel Air Md Date signed: 4-4-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 183

04323

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Shamokin Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 70 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town White Hall R.F.D. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Alfred Neely Henderson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Rachel Ann Patterson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 - 1849

8. AGE: Years 90 | Months 7 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Harford Co (Town, county, and state)

10. Usual occupation Ventonaire

11. Industry or business

FATHER 12. Name Thomas Henderson

FATHER 13. Birthplace Harford Co. Md

MOTHER 14. Maiden Name Alice Henderson

MOTHER 15. Birthplace Harford Co Md

16 (a) Informant Rev C Henderson

16 (b) Address White Hall Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-40 (month) (day) (year)

17 (c) Cemetery or crematory Mt Kenlock

Location White Hall R F D

18 (a) Funeral director P Markland

18 (b) Address White Hall Md

19 (a) Apr 30 1940 (Date rec'd by registrar) (b) Thomas R Bryan Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1940, at 8:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1939, to April 28 1940, and that I last saw him alive on April 28 1940.

Immediate cause of death (a) Chronic Interstitial Nephritis — Duration 20 days

Due to Arterio Sclerosis — 5 years

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Chas. C. Ayres M. D. or other

Address White Hall, Md Date signed 4/29/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04324

1. PLACE OF DEATH (159)

County Harford — Registration Dist. No. 183

Village or City 3 Miles West of Norrisville Md — No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/2 hour How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jones Jr — If U. S. Veteran, specify WAR .....

(a) Residence: No. Near Norrisville — Md — St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White	Single —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April — 22nd 40

7. AGE	Years	Months	Days	If LESS than 1 day, 1/2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Near Norrisville — Md (State or country) P.O. White Hall — Md —

FATHER

13. NAME Robert Jones —

14. BIRTHPLACE (city or town) (State or country) North Carolina —

MOTHER

15. MAIDEN NAME Ruth Vannoy —

16. BIRTHPLACE (city or town) (State or country) North Carolina —

17. INFORMANT Robert Jones — (Address) White Hall — Md —

18. BURIAL, CREMATION, OR REMOVAL Place Sharon Baptist Cemetery Date Apr. 23rd, 1940

19. UNDERTAKER W. Howard Webb (Address) Fawn Grove — Pa

20. FILED Apr 23, 1940 Thomas R Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April — 22, 1940 — (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April — 22nd, 1940, to April 22nd, 1940. I last saw him alive on April — 22nd, 1940; death is said to have occurred on the date stated above, at 9:40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Premature Birth — about 3 months Premature = | Date of onset

Other Contributory Causes of Importance: Same ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Vallie Hawkins M. D.

(Address) Fawn Grove — Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04325

Reg. Dist. No. 184

1. PLACE OF DEATH:
County Harford, Md.
~~City, or~~ town Castleton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City, or~~ town Castleton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR no

3. (a) FULL NAME Leonard Jones

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Martha J. Jones

6(c) If alive, give age ____ years

Dead

7. Birth date of deceased (mo., day, yr.) March 3, 1866

8. AGE:

Years	Months	Days	If less than one day
74	1	19	____ hrs. ____ min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name James Jones
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Mary J. Gates
15. Birthplace Harford Co. Md.

16. Informant Albert Jones
Address Castleton, Harford Co. Md.

17. Burial (Burial, ~~cremation, removal~~?) Date thereof April 24, 1940 (month) (day) (year)
Cemetery or crematory Darlington Cem.
Location Harford Co., Md.

18. Funeral director H. L. Bailey
Address Darlington Md.

19. April 22, 1940 (Date rec'd by registrar) M. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 10 1940 to April 22 1940, and that I last saw him alive on April 14 1940

Immediate cause of death	DURATION
Chronic endocarditis	5 yrs
Due to	
Tic geminal neuralgia	12 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington, Md Date signed 4-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

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MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04326

CERTIFICATE OF DEATH

Reg. Dist. No. 182

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Harford
City or town: Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Senour

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife: Andrew Senour
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar 9 1877

8. AGE:

Years	Months	Days	If less than one day
63	1	7	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: House Maid
11. Industry or business:
FATHER 12. Name: Stephen Peaker
13. Birthplace: Maryland
MOTHER 14. Maiden name: Eliza Bishop
15. Birthplace: Maryland
16. Informant: Samuel Peaker
Address: Abingdon Md
17. (Burial, cremation, or removal. Which?) Date thereof: 4 19 40 (month) (day) (year)
Cemetery or crematory: Mountain
Location: Mountain Harford Co Md
18. Funeral director: Howard K McKenna
Address: Abingdon Md
19. 4-19 1940 V. E. Chambers Dep Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16 1940, at 4:55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 1940, to April 16 1940, and that I last saw alive on April 16 1940.

Immediate cause of death	DURATION
Carcinoma of Stomach	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Willard P. Hudson
M. D. or other
Address: Forest Hill, Md Date signed: 4/17/40

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MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04327

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town near Rutledge
(If outside city or town limits, write RURAL or NEAR and give town)
Street address, hospital, or institution Fallston R.D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Fallston R.D. Ward No.
(If outside city or town limits, write RURAL or NEAR and give town)
Street No. near Rutledge
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George H Martin

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Emma E Martin
6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feb 28 1861

8. AGE:

Years	Months	Days	If less than one day
79	1	17	hrs. min.

9. Birthplace Harford Co Md
(Town, county, and state)
10. Usual occupation Lumberman for Tel. Co.
11. Industry or business

FATHER
12. Name Samuel Henry Martin
13. Birthplace Harford Co Md.

MOTHER
14. Maiden name Elizabeth Bond
15. Birthplace Balto Co Md

16. Informant Mrs Emma Martin
Address Fallston Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 17 1940 (month) (day) (year)
Cemetery or crematory Mt Zion Cemetery
Location Bel Air Md
18. Funeral director E. J. Kenly & Son
Address Jarrettsville Md

19. Apr 17 1940 (Date rec'd by registrar) Thos. R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940 at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1940 to April 14 1940 and that I last saw him alive on April 14 1940

Immediate cause of death	DURATION
Lobar Pneumonia	6 da
Complicated by Prostate	2 yr.
Due to Abscess	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Weiland P. Hudson M. D. or other
Address Forest Hill Md Date signed 4/15/40

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (477)

Reg. Dist. No. 185

04328

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 dy.

(e) Length of stay in this community (yrs., mos., or days) " "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Rural Aberdeen Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Frank J. Miller

3 (b) If veteran, name war —

3 (c) Social Security No. unknown

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1880

8. AGE: Years 60 Months 2 Days 0 If less than one day — hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Michael Miller

13. Birthplace Germany

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Mrs. Carter

(b) Address Aberdeen R.F.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 1 (day) 1940 (year)

(c) Cemetery or crematory Angel Hill

Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell

(b) Address Havre de Grace Md.

19 (a) Apr. 30th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 29 1940, at 3:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1940, to Apr. 29 1940, and that I last saw him alive on Apr. 28, 1940.

Immediate cause of death Debility

Due to Carcinoma in

Due to Mediastinum

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M.D. or other

Address Havre de Grace Md. Date signed 4-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Lewis

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04329

CERTIFICATE OF DEATH

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Darlington Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary E. Morris

3. (b) Social Security Number No

4. Sex Female | 5. Color or race White | 6. (single, married, widowed, or divorced) Widow

6 (b) Name of husband or wife John Morris Dead

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1856

8. AGE: Years 83 | Months 3 | Days 24 | If less than one day hrs. min.

9. Birthplace York Co. Penna.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name John Clendening

13. Birthplace Ireland

MOTHER 14. Maiden name Margarett Galleger

15. Birthplace Ireland

16. Informant Mrs. Rebecca J. Bern

Address Darlington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20, 1940 (month) (day) (year)

Cemetery or crematory Tabernacle Cem

Location Harford Co. Md.

18. Funeral director H. S. Bailey

Address Darlington, Md.

19. April 19 1940 (Date rec'd by registrar) M. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 6.5 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to April 17 1940, and that I last saw her alive on April 17 1940

	DURATION
Immediate cause of death: Angina Pectoris	1 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other

Address Darlington, Md. Date signed 4/19/40

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04330

Reg. Dist. No. 125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 29
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Bel Air R.D. #2 Box 47 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR War Veteran

3. (a) FULL NAME Edward A. Oliver

3. (b) Social Security Number unknown (?)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
49			hrs. min.

9. Birthplace Swan Creek, Harford Co. Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Charles Bowser
13. Birthplace ?

MOTHER
14. Maiden name Mary Bowser
15. Birthplace ?

16. Informant Laura Taylor
Address Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 22 1940 (Month) (day) (year)
Cemetery or crematory Hendon Hill Cem-
Location near Bel Air - Maryland

18. Funeral director Dean & Forster
Address Bel Air Md

19. April 20 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 10.30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23rd 1940, to April 20 1940 and that I last saw him alive on April 20 1940

Immediate cause of death	DURATION
Cardiac Decompensation	
Due to Aortic Regurgitation - Hypertrophy	
Due to Heart - Chronic nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Lewis M.D. M. D. or other
Address Havre de Grace Md Date signed 4-20-40

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MAY 6 1940
HAWAII V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

04331

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH

County Harford

City or town near Aberdeen

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D. 1

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D. 1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley Cromwell Ringgold

3. (b) Social Security Number none

4. Sex Male

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1931

8. AGE: Years 8 Months 3 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Aberdeen (Town, county, and state)

10. Usual occupation student

11. Industry or business —

FATHER 12. Name Horace Cromwell

13. Birthplace Havre de Grace, Md

MOTHER 14. Maiden name Florence Ringgold

15. Birthplace Aberdeen, Md.

16. Informant Mrs Florence Harrison

Address Aberdeen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 18 40 (month) (day) (year)

Cemetery or crematory Union Methodist Cemetery

Location Swan Creek, Md.

18. Funeral director Elmer E. Bullock

Address 056 Lewis St. Havre de Grace, Md

19. Apr. 18 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at Between 5-8 P.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Drowning - Accidental

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of April 8, 1940

Where did injury occur? near Aberdeen (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?) near Home

Means of injury Fell off Bridge Injured at work? no

23. SIGNATURE J H Lamsey M.D. Dep. Med. Examiner

Address Aberdeen Md. Date signed 4/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04332

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Cecil

City or town Perryville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Nelson Schumm

3. (b) Social Security Number 219-01-0335

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1918

8. AGE: Years 21 Months 10 Days 25 If less than one day hrs. min.

9. Birthplace Perryville, Cecil Co, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Day

FATHER 12. Name William Schumm

13. Birthplace Germany

MOTHER 14. Maiden name Bessie Locum

15. Birthplace Andora, Md.

16. Informant William Schumm

Address Perryville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12, 1940 (month) (day) (year)

Cemetery or crematory Hopewell Cemetery

Location Port Deposit, Md

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. April 11 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Probable fracture of Cervical Vertebra Compression of Medulla

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 4/9/40

Where did injury occur? near Perryville (City or town) Cecil (County) Md (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury automobile Injured at work? no

23. SIGNATURE J. H. Lamsey M.D. Dep. Med. Examiner

Address Aberdeen Md. Date signed 4/9/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04333

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town near Forest Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town near Forest Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Clarence Simmons

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Cleva Simmons

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Apr 15 1899

8. AGE:

Years	Months	Days	If less than one day
41	0	0	____ hrs. ____ min.

9. Birthplace Pocahontas Co W. Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Andrew McCoy Simmons

13. Birthplace W. Va.

MOTHER

14. Maiden name Joania Wayette

15. Birthplace W Va.

16. Informant Mrs Cleva Simmons

Address Sharon Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 18-40 (month) (day) (year)

Cemetery or crematory Nazerene Cemetary

Location Hickory Md.

18. Funeral director E E Kurtz & Son

Address Jarrettsville Md.

19. Apr 18 1940 (Date rec'd by registrar) Thos R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Dec~~ Feb 28 1940 to April 15 1940, and that I last saw him alive on April 15 1940.

Immediate cause of death Carcinoma of Rectum — DURATION 1 Yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Rectum

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Willard P. Hodson M. D. or other

Address Forest Hill, Md Date signed 4/16/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04334

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford Registration Dist. No. 185

Village or City Havre De Grace No. Harford Memorial Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert Spinks If U. S. Veteran, specify WAR ____

(a) Residence: No. Havre De Grace Md. St., Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 13 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Thomas Spinks

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Rock Run Date April 26, 1940

19. UNDERTAKER H. L. Bailey
(Address) Darlington, Md

20. FILED April 24th, 1940 James H. Bay
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1940, to April 24, 1940

I last saw him alive on April 24, 1940; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of importance:

Chronic Nephritis
Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) A. Dellers M.D. M. D.

(Address) Havre De Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 181 04335

1. PLACE OF DEATH:

County Harford

City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Edmund St. Extention

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 39 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Edmund St. Extended
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Solomon E. Stansbury

3. (b) Social Security Number 705-12-1850

4. Sex M

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12 - 1901

8. AGE: Years 39 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Maryland Harford Co.
(Town, county, and state)

10. Usual occupation Day Labor

11. Industry or business

FATHER
12. Name Charles H. Stansbury
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Christy
15. Birthplace Maryland

16. Informant Mr. Charles H. Stansbury
Address Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24 - 1940 (month) (day) (year)

Cemetery or crematory Union M. E.

Location Aberdeen Md

18. Funeral director Henry Tarring Sons
Address Aberdeen Md.

19. Apr. 24 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Between April 22, 1940 - 11:30 PM and April 23, 1940 - 12:30 AM 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 and that I last saw h alive on 19

Immediate cause of death Conflagration - accidental

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: April 22 - 23 - 1940

Accident, suicide, or homicide Accident Date of

Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) House

Means of injury Fire Injured at work? No

23. SIGNATURE J. H. Ramsey M.D. Dep. Med. Examiner M.D. or other

Address Aberdeen, Md. Date signed 4/24/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04336

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Nr. Emmorton
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 61 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Emmorton
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Flora Lydia Temple

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1878

8. AGE: Years 61 | Months 10 | Days 11 | If less than one day hrs. min.

9. Birthplace Emmorton Harford Co
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Samuel H Temple
13. Birthplace Harford Co Md

MOTHER
14. Maiden name Mary A Magness
15. Birthplace Harford Co Md

16. Informant Taylor Temple
Address Bel Air Md R.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 21 40 (month) (day) (year)

Cemetery or crematory Mt.Carmel,
Location Emmorton, Md.

18. Funeral director Howard K. McComas,
Address Abingdon, Md.

19. April 20 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 1940 to April 19 1940 and that I last saw h alive on April 18 1940

Immediate cause of death	DURATION
Hypertensive cardio vascular disease	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.
Address Bel Air, Md M. D. or other
Date signed 4/20/40

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MAY 4
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131E

04337

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town White Hall R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 56 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town White Hall R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lanie F. Troyer

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife Jacob H. Troyer

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 23 - 1859

8. AGE:

Years	Months	Days	If less than one day
81	0	13	hrs. min.

9. Birthplace Harford Co. Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Lytle
13. Birthplace Harford Co. Md

MOTHER
14. Maiden name Rachel Carlin
15. Birthplace Harford Co. Md

18. Informant Mrs. Albert Lloyd
Address White Hall Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 7-40
(month) (day) (year)

Cemetery or crematory Vernon

Location White Hall Md

18. Funeral director P. Mackliwson
Address White Hall Md

19. Apr. 7 1940 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 4.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1923, to April 5 1940, and that I last saw her alive on 2/4 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Cerebral Degeneration	1½ yrs
Due to Arterio-Sclerosis	17 yrs
Chronic Interstitial Nephritis	16 yrs
Due to	
Other conditions Cerebral Hemorrhage	15 yrs
x Cerebral Hemorrhage	4 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. C. Ayres
M. D. or other

Address White Hall, Md Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)a

CERTIFICATE OF DEATH

04338

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 829 Erie St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 48 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 829 Erie St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Helen J. Turner

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: negro
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William H. Turner
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): March 17, 1892

8. AGE: Years 48 | Months 1 | Days 24 | If less than one day: — hrs. — min.

8. Birthplace: Havre de Grace, md. (Town, county, and state)
10. Usual occupation: Gen. Housework
11. Industry or business: —

FATHER
12. Name: Thomas Durbin
13. Birthplace: Havre de Grace, md

MOTHER
14. Maiden name: Rebecca French
15. Birthplace: Havre de Grace, md.

16. Informant: William H. Turner
Address: 829 Erie St. Havre de Grace, md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-13-40 (month) (day) (year)
Cemetery or crematory: St. James P.M.E. Cemetery
Location: Havre de Grace, md.
18. Funeral director: Elmer E. Bullock
Address: Havre de Grace, md

19. April 13 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1940 to April 10 1940 and that I last saw h alive on April 10 1940

Immediate cause of death	DURATION
Chronic Interstitial nephritis	1-12-39
Due to	
Due to	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	3-24-40

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Claude L. Swan M. D. or other
Address Havre de Grace Date signed 4-11-40

RECEIVED
MAY 2 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04339

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: en route To Harford Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1226 North Paterson Park Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: albert F. Weber

3.(b) Social Security Number: 217-01-5954

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Flossie Weber.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 9- 1900

8. AGE: Years	Months	Days	If less than one day
40	2	16	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual occupation: Bridge Workers.
11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: Joseph Weber.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Isabel Bunsch.
15. Birthplace: Balto., md.

16. Informant: William Cooke.
Address: Baltimore - md.

17. Burial - (Burial, cremation, or removal. Which?) Date thereof: Apr. 29th 1940 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore - Md.

18. Funeral director: William Cooke -
Address: Baltimore, Md.

19. April 26 - 1940 (Date rec'd by registrar) James H Boyd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 1940 at 10:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h ..... alive on ..... 19.....

Immediate cause of death	DURATION
Shock & Hemorrhage	
Due to Compound Frac. Both Tibia & Fibula Comp. Frac. Pelvis & Rt. Femur	
Due to Resp. laceration, lower abdomen perineum. - Comm. frac 5-12th	
Other conditions Rib Rt Side Frac. Sacrum & Lower Lumbar	Inst

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 4/26/40
Where did injury occur? Susquehanna River - near Havre de Grace (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) River
Means of injury: Struck By falling Object Injured at work? yes

23. SIGNATURE: J H Causey M. D.
Dep. Med. Examiner
Address: Aberdeen, Md. Date signed: 4/26/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1705)

04340

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town near Bel Air, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town near Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Robert Lee Young

3. (b) Social Security Number 218-05-8816

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feby - 1900

8. AGE: Years 40 Months 2 Days If less than one day ___ hrs. ___ min.

9. Birthplace Marion Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Noah J. Young

13. Birthplace Princess Ann, Md

MOTHER 14. Maiden name Mary Pusey

15. Birthplace Somerset Co Md

18. Informant Granville G. Young

Address 4311 York Rd. Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8 - 1940 (month) (day) (year)

Cemetery or crematory Princess Annie Md.

Location

18. Funeral director Dean & Forter

Address Bel Air Md

19. Apr 7 1940 N. C. Richardson (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at approx 9:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Fracture of Skull Intracranial Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 4/5/40

Where did injury occur near Bel Air (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Rd. Route #1

Means of injury Automobile Injured at work? No

23. SIGNATURE J H Ramsey M. D. Dep. Med. Examiner M. D. or other

Address Aberdeen, Md. Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1965
BUREAU V. S.